Maryland Immunization Information System (ImmuNet)
Records Request Form

ImmuNet information is confidential and will not be released to third parties without written consent.

You may download and print this form, or request a hard copy by contacting the ImmuNet Help Desk at dhmh.mdimmunet@maryland.gov or 410-935-9295.

Please provide complete information below to receive an immunization record. An email, fax number, or address (to send the record to) is required for a prompt response.

Immunization Record Information

Last Name: _____ First Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Gender: _____

Requestor's Information
Information about the person completing the record request (this information will be filed as legal documentation of the record request).

☐ Same as client information above (if not, please provide the information below)

Relationship to client: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Method for Record to be Sent:

☐ Secure Email Please provide an email address: _____

☐ Fax Please provide Fax number: _____

☐ Mail Please provide a mailing address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a phone number or email that we can use to contact you if this form is incomplete or unclear:

Phone number: _____ Email address: _____

Signature

I declare under penalty of perjury under the laws of the state of Maryland that this information is true and correct, and that I am the client, or am authorized to sign this release on the client's/child's behalf.

Signature of Person Requesting the Record: _____

Date completed: _____

If you wish to keep a completed copy of your form, please make a copy before submitting the form.

Mail or Fax to

Maryland Department of Health and Mental Hygiene
Center for Immunization - ImmuNet
201 West Preston Street 3rd Floor, Baltimore, MD 21201
Fax: (410) 333-5893

DHMH (For Official Use Only)

Date Received: _____
Date Fulfilled: _____
Initials: _____
Record: Sent / Not Found